1957

ETON

URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and the

CHIEF PUBLIC HEALTH INSPECTOR

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1956

ETON URBAN DISTRICT COUNCIL

Health, Highways and Works Committee.

January to May 1956.

Chairman:
Councillor B.J.W.Hill.

Councillor R.J.Clibbon.
" A.G.E.Greaves.
" Mrs.W.H.Hay.
" S.E.R.Judd.J.P.,(Chairman of the Council).
" Mrs.A.Van Oss.
" Mrs.F.I.Wilson.
" B.T.Wolfe.

Health, Highways and Works Committee.

May to December, 1956.

Chairman:
Councillor Mrs.F.I.Wilson.

Councillor S.E.R.Judd. J.P.,(Chairman of the Council).
" Mrs.W.H.Hay.
" Mrs.A.Van Oss.
" W.A.Barker.
" R.J.Clibbon.
" C.V.Rigden.
" B.T.Wolfe.

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Eton Urban District Council

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
For the Year 1956.

To the Chairman and Members of the Council.

Mr.Chairman, Ladies and Gentlemen,

It is once again my privilege to present the annual report on the state of health and sanitary circumstances of the district.

In general the statistical information in the report is in accordance with the Ministry of Health Circular 19/56 which specifies certain items to which reference should be made, and other matters which may concern the Council or be of interest are mentioned.

One such matter of interest which there has never been occasion to mention in any previous report is the change in designation from the very old and well known title of Sanitary Inspector to the more modern conception of Public Health Inspector. I am sure the change is in keeping with the times and more descriptive of the duties performed by the officer.

Another matter of interest relating to the appointment of Public Health Inspectors is the recommendation of the Working Party on the recruitment, training and qualifications of inspectors, that the system of paid pupillage should be extended with the prospect of its ultimately becoming the normal avenue of entry, except for ex-service candidates. The Minister has supported the view that the best training is obtained by those students who are engaged by a local authority specifically as pupils or student public health inspectors.

The statistics and tables in the report are presented in the same form as previous years for practical and economic reasons. Although the custom of showing the rates per 1000 of population etc, has been followed the actual figures are also included and these will give a more realistic appreciation when the numbers are small.

The Registrar General's estimation of the mid year (1956) population was 4,910, which represents an actual increase over the previous year of 50. The natural increase in population VIZ, births minus deaths was 19. The difference between the actual increase and the natural increase represents the number of immigrants into the district which in this instance was 31.

To make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the area are multiplied by the appropriate area comparability factor. When local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area.

Tuberculosis is a disease with a considerable amount of past history. Over two thousand years ago Hippocrates described it as "the most grave of all diseases, the most difficult to cure, the most fatal", while other writers at later dates have commented on the fruitless attempts to achieve a cure and the misdirected energies of the medical profession. It is only within the past six years during which chemotherapy has been widely used that at long last the biological balance seems to have turned against this stubborn infection which has destroyed over five million people in England and Wales during the past hundred years. Although the statistics relating to this district may be a cause for satisfaction it should be remembered that the disease still ranks as the chief of the group of infections nationally with a mortality rate well above other notifiable diseases, and that we are not quite out of the wood. There is however good reason to believe that present day methods of treatment and prevention are such that both mortality and morbidity will fall drastically within the lifetime of the present generation.

Attention has been directed during the course of the year to the appearance of an illness which is not yet adequately defined but which has occurred in sufficient numbers in certain districts to lead to the belief that it is a new and at present ill defined infection. Reference has been made to this disease by the Chief Medical Officer of the Ministry of Health and one outbreak has been fully described. The disease is stated to have certain features which resemble encephalitis lethargica, also non-paralytic poliomyelitis, while at first it was described as Infectious Mononucleosis, and in other cases Glandular Fever. It is stated to have a bizarre pattern which does not fit in with any known clinical entity. The disease is at present described as Encephalomyelitis of Unknown Origin. Similar cases with unusual meningitic symptoms have been described in different districts and it is quite likely that cases have occurred in this area.

In this respect it is worthy of note that one of the Isolation Hospitals to which cases are admitted from this area ~~are~~ found that during the past year they have had only two positive virology reports from the laboratory on samples submitted from between 40 and 50 patients who were admitted to hospital with the provisional diagnosis of non-paralytic poliomyelitis. These cases were not all of course admitted from this district but the results are interesting and may apply in all districts. The similarity in many respects to non-paralytic poliomyelitis makes it almost essential to have the assistance of one of the larger laboratories equipped for the investigation of virus infections. There are only a few such laboratories and they are generally unable to accept samples from patients who are not admitted to hospital, while on the other hand it would not automatically follow that all cases of non-paralytic poliomyelitis admitted to hospital will have samples submitted for virological investigation. Some of those who are well versed in this subject are unwilling to accept the diagnosis of "non-paralytic poliomyelitis" without laboratory confirmation that the virus has been isolated.

It has been apparent for some time that the work of the Public Health Laboratory Service in future is likely to be concerned more and more with virus diseases. For this reason every attempt has been made by the laboratories, subject to inevitable restrictions, to develop the technical methods of diagnosing infections caused by the different groups of viruses. It is hoped that before long all laboratories will be in a position to offer a full virological diagnostic service both cultural and serological, which would greatly facilitate the diagnosis of infections which do not conform with the usual clinical pattern.

Progress has continued to be made in the field of immunisation. The quest for a satisfactory vaccine against whooping cough has been long and tedious, but important progress is shown in the second report to the Medical Reseach Council which was submitted during the year. The results have a wide application and are of sufficient importance to warrant the inclusion of a very brief outline of the work being done.

Previously, the experience of the vaccinated and un-vaccinated exposed to infection in their homes had been compared. With the demonstration that vaccination reduced the incidence of the disease by nearly four-fifths, it was neither practical nor ethical to deny it for children for whom it was sought, so more indirect methods of assessment had to be used. The trials compare the value of different antigens and correlate this with laboratory tests. Between 1948 and 1951 twelve vaccines were used. They differed in the strains of organism used, the media in which they were grown, the methods used to kill the organisms and the dose injected. For "home exposures" the attack rates were found to be disappointingly high, and so later a vaccine provided by the Michigan Department of Health was used as a yardstick by which four vaccines made in this country could be measured. In each of eleven different areas the Michigan vaccine and one of those to be tested were used for comparable groups of children between six and eighteen months, and the attack rates for the "home exposed" were obtained during the succeeding two years.

Field tests are laborious and take a long time to give the evidence required. Furthermore they involve the risk of using weak and ineffective antigens, so denying adequate protection and bringing vaccination into disrepute. If the laboratory can establish the probable value of any antigen, then progress will be quickened, and in this regard the results announced in the report have considerable promise. The position is reassuring and we can look forward to widespread development of vaccination against this disease in the near future.

In January 1956, the Minister of Health announced that a British vaccine giving protection against poliomyelitis had been developed. A limited amount of vaccine became available to health authorities for use between May and the end of June for the inoculation of children between the age of two and nine years. The Salk vaccine used in the U.S.A. is made from approximately equal quantities of pools of the three known types of poliomyelitis virus. The Salk-type vaccines manufactured in this country are similar but the component strains of virus are different, and particular emphasis has been placed on low virulence by the two firms who are manufacturing in Great Britain. The most stringent safety tests are applied in preparation of the vaccine including testing by tissue culture methods of serial samples, as well as tests on sensitised rhesus monkeys. Other tests for pathogenic agents and virus infections as well as routine sterility tests are carried out. I think there are good grounds for expecting it to reduce substantially the incidence of poliomyelitis among those vaccinated.

Initially, several factors will remain unknown, such as the duration of immunity following vaccination, but as has happened in the past in the case of other preventive inoculations now well established the answers to various questions will appear in the light of experience. Apart from the organised schemes for vaccination, one has to remember that natural immunisation has always occurred and will continue to do so as the result of infection of the population with living virus, and that such infections may be apparent, or in other words become a clinical entity, or they may remain inapparent or sub-clinical. The inapparent largely outnumber the clinically apparent ones but both confer immunity.

The Food Hygiene Regulations 1955, were made in accordance with the Food and Drugs Act, 1955 and came into operation on 1st January 1956. They replace Section 13 of the Food and Drugs Act, 1938, which was repealed by the Food and Drugs Amendment Act 1954. The Regulations are of considerable interest to local authorities and have meant a notable increase in the amount of work to be done by the Public Health Inspector in that the supply of food as a business is now defined so as to include schools as well as canteens, clubs and other instituions. Among the Regulations, those which may be regarded as of special importance in raising the standard of hygiene are:- as to personal cleanliness of kitchen staff (Regulation 9); as to sanitary conveniences (Regulation 14); provision of water supply (Regulation 15); provision of wash hand basins with a supply of hot water (Regulation 16); facilities for washing food and equipment (Regulation 19); and those concerned with the temperature at which certain foods, which are particularly liable to transmit disease, are kept in food premises (Regulation 25).

The principal factors involved in all food hygiene fall into three main categories. VIZ. the environmental, the personal and the administrative. These are of course closely associated but it can be said that the environmental factors comprise the basic necessities which every undertaking must aim to provide and include all the features of satisfactory premises, adequate equipment and good management. The personal factors are of prime importance in preventing outbreaks of disease due to organisms of intestinal origin. Careful observation of the Regulations should do much to reduce the incidence of all infections which are communicable by food.

The last event of the year and one of great importance was the Clean Air Act, 1956. (Appointed Day) Order 1956, laid before Parliament on 21st December by the Minister of Housing and Local Government, which brought into operation on 31st December, 1956, certain provisions of the Clean Air Act. Among those which came into force is the requirement that all new furnaces other than domestic, must so far as practicable be smokeless, and other Sections in force provide for the formation of Smoke Control Areas for the whole or any part of the district.

The Memorandum on Smoke Control Areas is of great value to the local authorities which are anxious to make a start with the abolition of air pollution. The flexibility of the provisions in the Act allows for a completely smokeless area, or areas in which certain classes of buildings only are controlled and others are exempt. With the introduction of thesd new measures there is a necessity for gradualness and proceeding by stages, governed by the supply of smokeless fuels, rate of conversion or replacement of appliances, and the ability of the Local Authority to formulate and carry through its plan. A useful suggestion is to commence with the selection of a locality where the effect may be most noticeable, e.g. in the centre of the district or alternatively on the windward side, or in a new housing estate. Small beginnings afford experience in the administration and technique.

The extent to which this legislation may have to be applied in this district is not yet fully determined. Meanwhile research continues into the chemical nature of various atmospheric pollutants, their characteristics under differing meteorological conditions and also their action on the human body in health and in disease. Not only have the acute effects of atmospheric pollution during short periods of dense fog to be investigated but also the more intractable problems associated with the chronic effects of pollution on the human body.

The introduction of the new legislation will give a new impetus to research into the cause of such diseases as chronic bronchitis, and cancer of the lung, and will stimulate further enquiry into the methods of protecting those who already suffer from diseases of the heart or lungs and who in that respect must be regarded as particularly susceptible to the effects of polluted air.

In conclusion I should like to say that throughout the year work has been a pleasure, which I attribute to the spirit of co-operation which I have found among fellow officers and staff, and the knowledge that support from members will always be readily given where the health of the public is concerned.

I am,
Your Obedient Servant,
G.HOBBIN.

SECTION 1.

GENERAL STATISTICS.

Area...	969.3 acres.
Number of inhabited houses at end of 1956. (According to the rate books)...	1,169.
Rateable Value at 1.4.56	£73,068.
Product of Penny Rate(1955/56)	£193.11.4.
Population.(Registrar General's estimate for mid year).	4,910.

VITAL STATISTICS.

Live Births

	Male	Female	Total
Legitimate...	28	34	62
Illegitimate	4	1	5
Totals:	32	36	67

Birth Rate per 1,000 population ..	13.6
National Rate	15.7
Comparability Factor..	1.15

Still Births

	Male	Female	Total
Legitimate...	1	2	3
Illegitimate	-	-	-
Totals:	1	2	3

Still Birth Rate per 1,000 Total Births	42.85
Still Birth Rate per 1,000 Population ...	0.61
National Rate per 1,000 Population ...	23.0

Deaths

Male	Female	Total
27	21	48

Crude Death Rate per 1,000 population... ... ... 9.8

Corrected Death Rate - allowing for sex and age.
(Comparability Factor = 1.42)... ... ...13.82
National Death Rate 11.7

Ratio of Corrected Death Rate to National... ... ... 1.24

Infant Mortality (Deaths of Infants under 1 year)

	Male	Female	Total
Legitimate	-	2	2
Illegitimate..	-	-	-
	-	2	2

Death Rate for all Infants per 1,000 Live Births ...29.9

National Rate 23.8

Death Rate for Legitimate Infants per 1,000 Legitimate Births 29.87

Death Rate for Illegitimate Infants per 1,000 Illegitimate Births ... ... Nil.

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age).

	Male	Female	Total
Legitimate...	-	1	1
Illegitimate	-	-	-
	-	1	1

Death Rate for all Infants under 4 weeks per 1,000 Live Births ... ..., ... 14.9

Maternal Mortality - (Deaths due to or associated with pregnancy and childbirth).

Total from all causes. ... ... Nil

Death Rate per 1,000 live and still births ... ... Nil

National Rate 0.30

CAUSES OF DEATH in the Eton Urban District - 1956.

	Male	Female	Total.
1. Tuberculosis, Respiratory...........	1	-	1
2. Tuberculosis, other..................	-	-	-
3. Syphylitic disease...................	-	-	-
4. Diphtheria............................	-	-	-
5. Whooping Cough......................	-	-	-
6. Meningococcal Infections...........	-	-	-
7. Acute Poliomyelitis..................	-	-	-
8. Measles................................	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach..........	1	1	2
11. Malignant neoplasm, lung, bronchus...	-	-	-
12. Malignant neoplasm, breast..........	-	-	-
13. Malignant neoplasm, uterus..........	-	1	1
14. Other malignant and lymphatic neoplasm................................	6	1	7
15. Leukaemia, aleukaemia..............	-	-	-
16. Diabetes..................	-	-	-
17. Vascular lesions of nervous system.	3	4	7
18. Coronary disease, angina...........	5	3	8
19. Hypertension with heart disease....	-	-	-
20. Other heart disease................	4	2	6
21. Other circulatory disease.........	-	1	1
22. Influenza..........................	-	-	-
23. Pneumonia.........................	2	-	2
24. Bronchitis.........................	3	1	4
25. Other diseases of the respiratory system..............................	1	-	1

CAUSES OF DEATH. (continued)

	Male	Female	Total.
26. Ulcer of stomach and duodenum.	-	-	-
27. Gastritis, enteritis and diarrhoea....................	-	-	-
28. Nephritis and nephrosis.......	-	-	-
29. Hyperplasia of prostate.......	-	-	-
30. Pregnancy, childbirth, abortion.	-	-	-
31. Congenital malformation.......	-	-	-
32. Other defined and ill defined diseases....................,	-	2	2
33. Motor vehicle accidents.......	1	1	2
34. All other accidents...........	-	4	4
35. Suicide.......................	-	-	-
36. Homicide and operations of war.	-	-	-
Totals:	27	21	48

Table 1.

Deaths and death rates per 1,000 Population from Principal Causes 1952-1956.

A = Number of deaths. B = Death rate.

Cause	1952.		1953.		1954.		1955.		1956	
	A.	B.	A.	B.	A.	B.	A.	B.	A.	B
T.B.Respiratory.	1	0.21	-	-	-	-	-	-	-	-
Malignant Diseases All types.	6	1.29	4	0.84	8	1.68	6	1.23	1	0.23
Pneumonia.	-	-	-	-	1	0.21	-	-	2	0.46
Bronchitis.	-	-	-	-	2	0.42	-	-	4	0.92
Diabetes.	-	-	-	-	-	-	-	-	-	-
Vascular lesions of nervous system.	5	1.05	7	1.48	6	1.26	5	1.29	7	1.48
Diseases of the heart all types.	10	2.10	8	1.68	8	1.68	14	2.99	14	2.99
Congenital malformation.	1	0.21	1	0.21	-	-	-	-	-	-
Other circulatory diseases.	1	0.21	-	-	-	-	1	0.23	1	0.23

Table 11

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates
1946 - 1956.

Year	Birth Rates per 1,000 Population.		Death Rates per 1,000 Population.		Infant Mortality Rates. (i.e. under 1 year of age, per 1,000 Live Births).	
	Eton Urban District.	England & Wales.	Eton Urban District.	England & Wales.	Eton Urban District.	England & Wales.
1946	15.9(53)	19.1	7.2(32)	11.5	37.7(2)	43.0
1947	16.6(55)	20.5	9.3(42)	12.0	18.2(1)	41.0
1948	14.6(67)	17.9	8.9(41)	10.8	29.87(2)	34.0
1949	8.2(38)	16.7	8.0(37)	11.7	-	32.0
1950	14.3(65)	15.8	9.91(45)	11.6	30.77(2)	29.8
1951	11.3(53)	15.8	6.40(30)	12.5	-	29.6
1952	10.08(47)	15.3	6.92(32)	11.3	42.55(2)	27.6
1953	15.00(70)	15.5	5.72(27)	11.4	14.1(1)	26.8
1954	10.3(49)	15.2	6.3(30)	11.3	20.4(1)	25.5
1955	13.6(66)	15.0	6.8(33)	11.7	45.5(3)	24.9
1956	13.6(67)	15.7	9.8(48)	11.7	29.9(2)	23.8

TUBERCULOSIS.

Notification Register - Additions and Deletions.

Additions.

	Pulmonary			Non Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
Number on Register at 1.1.1956.	22	17	39	7	4	11	50
Number entered by notification.	2	1	3	1	-	1	4
Number entered other than by notification.	3	-	3	-	-	-	3

Deletions.

Number removed from Register due to:-							
a) Death.	1	-	1	-	-	-	1
b) Removed from District.	1	1	2	-	-	-	2
c) Denotification.	1	-	1	-	-	-	1
Number remaining on Register at 31.12.56.	24	17	41	8	4	12	53

TABLE 1V

M O R T A L I T Y.

Comparison of deaths from Tuberculosis during 1956 with previous years.

Year	Population	Pulmonary Male	Pulmonary Female	Non-Pulmonary Male	Non-Pulmonary Female.	Combined Totals.	Death Rate per 1,000 population.
1946	4,414	2	-	-	1	3	0.63
1947	4,513	2	-	-	-	2	0.42
1948	4,590	-	-	-	-	-	-
1949	4,570	-	-	-	-	-	-
1950	4,540	-	-	-	-	-	-
1951	4,676	1	1	-	-	2	0.42
1952	4,664	-	1	-	-	1	0.21
1953	4,723	-	-	-	-	-	-
1954	4,780	-	-	-	-	-	-
1955	4,860	-	-	-	-	-	-
1956	4,910	1	-	-	-	-	0.23

SECTION 111
Table V.

Prevalence of Notifiable Diseases.
Showing cases notified during 1956, numbers admitted to hospitals and deaths. Also notifications for years 1946 - 1956.

Disease	Cases notified 1956.	Hospital admissions 1956.	Deaths 1956.	Notifications.									
				1955	1954	1953	1952	1951	1950	1949	1948	1947	1946
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	3	6	8	-	-	-	-	3	-
Diphtheria	-	-	-	-	-	-	-	-	2	3	-	2	8
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid "	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	1	-	-	-	-	-	1	-	-	-	-	-	-
Pneumonia	-	-	2	-	1	1	-	-	-	-	-	-	1
Erysipelas	-	-	-	-	1	-	-	-	-	-	-	-	-
Opthalmia Neonatorum	-	-	-	-	-	-	1	-	-	-	-	-	-
Measles	3	-	-	68	-	51	103	85	105	28	1	44	91
Whooping Cough	8	-	-	2	10	46	13	1	17	7	-	5	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis (Paralytic)	-	-	-	1	-	-	1	-	-	-	2	-	-
(Non Paralytic)	1	1	-	-	-	1	3	-	-	-	-	-	-
Encephalitis. (Infective)	-	-	-	-	-	-	-	-	-	-	-	-	-
(Post Infectious)	-	-	-	-	-	.	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	1	1	-	-	-	3	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis. (Pulmonary)	3	2	1	2	7	4	4	2	-	-	-	2	2
(Non Pulmonary)	1	1	-	-	1	-	-	-	-	-	-	-	-

SECTION IV

Immunisation and Re - Immunisation.

Under Section 26 of the National Health Service Act, 1946 local health authorities may organise immunisation schemes with ministerial approval. Such a scheme offering protection against whooping cough (and other diseases) has been in operation in this district for several years.

When protection is being offered against several diseases it may be possible to reduce the number of inoculations by using a combined vaccine. In this area a combined Diphtheria /Whooping Cough vaccine is in use at local health authority clinics which reduces the number of injections to three.

The following table shows the number of immunisations carried out in this district against Diphtheria and Whooping Cough individually and in combination.

Type	Primary Immunisation				Re - Immunisations
	Age at date of final injection.			Total	
	Under 1 yr.	1 - 4 yrs.	5 - 14 yrs.		
Diphtheria only.	1	2	1	4	78
Diphtheria/ Whooping Cough combined.	40	10	-	50	-
Whooping Cough only.	-	-	-	-	-

Vaccination against Smallpox

During the year there were 39 primary vaccinations against smallpox carried out. There were no re-vaccinations.

SECTION V

Miscellaneous.

Rehousing on Medical Grounds

Number of cases investigated... 3

National Assistance Acts 1948 and 1951 - Section 47 and Section 50.

Number of cases investigated as in need of care and attention... ... ... Nil

Number of burials arranged... ... ... Nil

Milk and Dairies Regulations 1949 - Article 20

Number of investigations ... ... Nil

SECTION V1

Clinics and Treatment Centres.

There are two Maternity and Child Welfare Clinics within the district while hospitals and other services are available within easy reach.

Maternity and Child Welfare Clinics

Centre	Location	Sessions	Sessions with Medical Officer.
Eton	College Arms	1st and 3rd Tuesday	3rd Tuesday
Eton Wick	Village Hall	1st and 3rd Friday	1st Friday

Married Women's Advisory Clinics.

Slough	The Health Centre, Burlington Road.	Fridays (Weekly)	2.30 - 4.p.m.
Slough	The Health Centre, Burlington Road.	Wednesdays (Weekly)	2.30 - 4.p.m.

Chest Clinic.

The Chest Clinic is situated at Kipling Memorial Buildings, Alma Road, Windsor, where appointments may be made with the Physician in Charge.

Venereal Diseases Clinics.

King Edward V11 Hospital, Windsor, (including Old Windsor Hospital).
Hillingdon Hospital, Hillingdon, Middlesex.
Royal Berkshire Hospital, Reading, Berks.

General Hospitals.

Canadian Red Cross Memorial Hospital, Taplow.
King Edward V11 Hospital, Windsor.
Upton Hospital, Slough.
Iver, Denham and Langley Cottage Hospital, Iver.
Maidenhead General Hospital, Maidenhead,

Chronic Sick.

St. Mark's Hospital, Maidenhead.
Old Windsor Hospital, Old Windsor.

Part 111 Accommodation.

Upton Hospital, Slough.
Old Windsor Hospital, Old Windsor.

Infectious Diseases Hospitals.

Maidenhead Isolation Hospital, Maidenhead.
St. John's Hospital, Uxbridge.

Maternity Accommodation.

Upton Hospital, Slough.
Canadian Red Cross Memorial Hospital, Taplow.
Old Windsor Hospital, Old Windsor.
Colinswood Maternity Home, Farnham Common.
Princess Christian Maternity Home, Windsor.

Ante and Post Natal Care.

Facilities are provided by the Regional Hospital Board and clinics are conducted at all the main general hospitals and maternity homes in the surrounding districts as follows:-

Hospital.	Type of Clinic.	Day.
King Edward Vll, Windsor.	Ante Natal.	Monday mornings.
King Edward Vll, Windsor. (Old Windsor). (Clinics held at Kilping Buildings, Alma Road, Windsor).	Ante and Post Natal.	Friday mornings and Tuesday afternoons.
Canadian Red Cross Memorial Hospital, Taplow.	Ante Natal.	2nd and 4th Thursday mornings each week.
Colinswood Maternity Home, Farnham Common, Bucks.	Ante and Post Natal.	Every 3rd Monday morning and Thursday afternoon. (Ante Natal). Monday afternoon and Friday morning. (Post Natal).

SECTION V11

The following official publications were received during the year which relate to the work of the public health department:-

Ministry of Food Circular.	MF14/55.	Food and Drugs Act, 1955.
General Registrars Office Circular	1/1956.	Infectious and Other Notifiable Diseases Weekly Return.
Ministry of Agriculture, Fisheries and Food.	FSH2/56.	Model Byelaws for Private and Public Slaughterhouses.
Ministry of Health Circular.	4/56.	Diphtheria Prophylaxis Publicity Campaign.
General Registrars Office Circular.	3/1956.	Annual Reports of M.o.H.- Vital Statistics.
Ministry of Agriculture, Fisheries and Food.	FSH/8/56.	Milk and Dairies Regualtions 1949-1954. Approved Oxidising & Preservative Agents.
Ministry of Health Circular.	11/56.	The Food Hygiene (Amendment) No.1. Regulations, 1956.
Ministry of Health Circular.	93005/12 /22.R.	Diphtheria Immunisation Publicity Campaign.
Ministry of Agriculture, Fisheries and Food.	FSH/8/56.	Milk and Dairies Regulations, 1949 - 1954. Approved Oxidising and Preservative Agents.
Ministry of Health Circular.	23/56.	The Food Hygiene(Amendment) (No.1)Regulations, 1956.
Ministry of Health Circular.	19/56.	Annual Reports of the Medical Officers of Health 1956.
Ministry of Housing and Local Government Circular.	64/56.	Clean Air Act, 1956.

ETON URBAN DISTRICT COUNCIL.

Annual Report of the Chief Public Health Inspector.

For the Year 1956.

WATER SUPPLY.

Water to the area is supplied by the Windsor Corporation Waterworks in Eton. A piped supply is available to the whole area and an adequate supply has been maintained.

Windsor Corporation have the water tested at fortnightly intervals and copies of the water analysis are supplied regularly to the Council. These indicate that the water is maintained to a proper standard of purity.

In addition, a sample of water has been submitted for chemical analysis and this has proved satisfactory.

A few premises on the northern boundary of the urban district are supplied with a piped water supply by the Slough Corporation.

During the year one of the cottages previously relying on a well for its water was connected to the piped supply, but two further cottages rely on wells for water. During the year a new bungalow was completed which relies on a well for its water supply.

There were no major extensions to the water distribution system of the area during the year.

During the year twenty four new houses were connected to a piped supply. All water supplied to the area is chlorinated.

SWIMMING POOL.

During the year Eton College completed the construction of a new swimming pool which is supplied with water from a deep well. The pool has an efficient purification and chlorination plant. The use of Cuckoo Weir backwater of the Thames has therefore been discontinued as a swimming bath.

DRAINAGE AND SANITATION.

Sewage continues to be disposed of through the Slough Corporation Sewage Disposal Works and the arrangement is working satisfactorily. Due to the completion of the extension of the Slough Sewage Works it is hoped that in future the Slough

Corporation will be in a position to dispose of the whole of the sewage from the area. During the early part of 1956 some of the sewage was disposed of in the lagoons at Bell Farm, but it is expected that this procedure will now be unnecessary.

During the year a further two manholes were constructed on the main trunk sewer, giving improved access for cleansing, and this has made it possible to test the sewers for rodent infestation.

There were no major extensions to the sewerage system during the year.

During the year twenty four new premises were connected to the public sewer.

Seventeen houses still discharge their sewage into septic tanks which are emptied twice a year by the Council.

Eleven houses still rely on bucket closets for their sanitation. No night soil collection is made and the occupiers bury the contents of their buckets on their land. Active negotiations are now in being with the owners of these six premises which it is hoped will result in these being connected to the public sewer.

REFUSE COLLECTION AND DISPOSAL.

General.

Despite staff difficulties, and with the exception of National Holiday periods, the area has been covered by a weekly collection of refuse. Additional College boy's houses have been added to the Council's collection system due to the breakdown of the arrangements with some of the pig keepers. Kitchen waste is however, still being collected by the pig keepers, although in most cases the Council are collecting the house refuse. The refuse continues to be disposed of by controlled tipping.

Kitchen Waste.

Kitchen waste throughout the Urban District is collected by private arrangement with pig keepers, and this has proved satisfactory.

No nuisance has been reported from the collection of kitchen waste, but complaints have been received of a certain amount of nuisance from the cooking and sterilising of kitchen waste, and attempts have been made to bring this under control.

FOOD INSPECTION.

(a) Meat. The Slough Corporation slaughterhouse in Cippenham Lane still continues to provide the facilities for slaughtering in the urban district.

The majority of the meat sold in the area is supplied through wholesalers in Windsor and London and all meat from this source has been fully covered by inspectors at the place of slaughter.

As a result of periodic inspections and voluntary surrender, 43 lbs. of meat in various quantities were found to be unfit for human consumption and were condemned by me and destroyed under my supervision.

There are no registered slaughtering facilities within the urban district. There is one slaughterhouse but this is not used.

No applications have been received during the year for grading under the Pig Marketing Guarantee Scheme.

(b) Milk. The area is a scheduled area and all milk produced in the area is now pasteurised and is supplied daily, already bottled, from premises outside the area. A total of six supplementary licences were issued authorising the designation "pasteurised" and "tuberculin tested" in relation to milk which has been sold by retail from premises outside the urban district and two Dealer's Licences authorising the use of the special designation "pasteurised" were issued for the retail of milk from premises within the urban district, but which is pasteurised outside the area.

No complaints were received concerning the milk supplied in the area.

(c) Other Foods. Ministry of Health Circular 19/56.
Para.4(i) The total number of food premises in the area is 58, sub-divided as follows:-

Grocers	8
General Stores	3
Inns	7
Cafes	9
British Restaurant	1
Fishmonger	1
Fried and Wet Fish	1
Butchers	4
Bakers and Confectioners	4

College Tuck Shops, Stores and Confectioners.	2
Sweets, Ice Cream and Tobacco	9
Greengrocers	2
Dairies	1
Bakehouses	3
Summer Stalls	3

Para.4(ii) There are twenty four premises registered under Section 16 of the Food and Drugs Act 1955, but no dairies under the Milk and Dairies Regulations 1949 to 1954.

The above registrations are sub-divided as follows:-

Sale of Ice Cream	8
Sale of Ice Cream and Preserved Foods	5
Sale of Preserved Foods	8
Manufacture of Preserved Foods	3

Para.4(iii) Forty six inspections were made to the above registered food premises, twelve in connection with new registrations and inspection of summer stalls. Some of the inspections were made in connection with rat and mouse infestation. With the exception of three registered premises on which sausages are manufactured, and which have been inspected during the year, the remainder of the registrations relate to the sale of pre-packed ice cream and preserved foods. In almost all cases these are sold as packed and are kept in proper refrigerators.

Para.4(v) In almost all cases condemned food is disposed of by burial. Tins are opened and contents are buried, where necessary with the addition of lime.

Para.4(vi) There was no special examination of a stock or consignment of food.

Para.4(vii) There was no ice cream manufactured in the area, all ice cream being delivered pre-packed by reputable manufacturers.

Para.4(viii) A provisional review of the Food Hygiene Regulations has been carried out and steps are being taken early in 1957 for a full inspection of all premises covered by the Regulations.

General. Upon inspection twelve tins of food were found to be unfit for human consumption and were condemned and destroyed under my supervision.

RODENT CONTROL.

There has been a considerable increase in the Council's efforts in the sphere of rodent control. Infestation appears to have been on the increase, and all reported cases have been dealt with. In addition several special inspections have been made to determine rat infestation and where found the infestation has been treated.

A 50% test on the sewers was carried out, and two cases of infestation were discovered from this source. We were able to trace the cause of these infestations which have been satisfactorily treated.

Special attention is regularly given to the Council's refuse tip, and there is no infestation from this source.

DISINFECTION AND DISINFESTATION.

The rooms in eight houses have been disinfected after cases of notifiable infectious diseases.

There were no cases of bed bugs reported or dealt with during the year.

MOVEABLE DWELLINGS.

The Council have granted further short period permissions for the residents of the previously registered site on which the Minister dismissed the owner's appeal for an extension of his previous five-year permit. Some of the sites have been vacated by the occupiers and on these temporary permission has lapsed.

FACTORIES ACTS, 1937 and 1948.

PART 1 of the Act.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by the Public Health Inspector).

Premises.	No. on Register.	No. of Inspections.	No. of Written Notices.	Occupiers Prosecuted.
1) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities.	18	19	6	-
11) Factories not included in (1) in which Sec. 7 is enforced by Local Authorities.	18	12	2	-
111) Other premises in which Sec. 7 is enforced by the Local Authority. (excluding out-worker's premises).	-	-	-	-
TOTAL;	36	31	8	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	No. of cases in which defects were found.			No. of cases in which prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector.	By H.M. Inspector.
Want of cleanliness.	4	4	-	4
Overcrowding.	-	-	-	-
Unreasonable temperature.	-	-	-	-
Inadequate ventilation.	-	-	-	-
Ineffective drainage of floors.	-	-	-	-
Sanitary Conveniences. (a) Insufficient.	-	-	-	-
(b) Unsuitable or defective.	1	-	-	1
(c) Not separate for sexes.	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-
TOTAL:	5	4	-	5

FACTORIES ACT.(Continued)
PartVIII of the Act.
(Sections 110 and 111).

Nature of Work.	Section 110.			Section 111.		
	No. of outworkers in August list required by Sec.110. (1)(c).	No. of cases of default in sending lists to the Council.	No.of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises.	Notices Served.	Prosecutions.
Wearing(Making apparel.etc., Cleaning and Washing)	12	-	-	-	-	-
TOTAL:	12	-	-	-	-	

WATER ANALYSIS.

Bacteriological Examination of Samples of Water.

1.

	1 day at 37°C.	2 days at 37°C.	3 days at20°C.
Number of Colonies developing on Agar.	66 per ml.	80 per ml.	290 per ml.

	Present in	Absent from	Probable No.
Presumptive Coli-Aerogenes Reaction.	10 ml.*	1.ml.	35 per 100 ml.
Bact.Coli.(Type 1).	20 ml.	10.ml.	8 per 100 ml.
Cl.Welchii Reaction.	100 ml.	10.ml.	

* Aerogene Type 1.

This sample is practically clear and bright in appearance. It shows bacterial impurity including organisms of the Coli-aerogenes group and Bact.coli in numbers which are very moderate for the treatment which is in operation.

2.

	1 day at37°C.	2 days at 37°C.	3 days at 20°C.
Number of Colonies developing on Agar.	1 per ml.	2 per ml.	2 per ml.

	Present in	Absent from	Probable No.
Presumptive Coli-Aerogenes Reaction.	- ml.	100 ml.	0 per 100 ml.
Bact.coli(Type 1).	- ml.	100 ml.	0 per 100 ml.
Cl.welchii Reaction.	- ml.	100 ml.	-

This sample is clear and bright in appearance and is of high standard of baterial purity.

These results are indicative of a water which is wholesome in character and suitable for drinking and domestic purposes.

CHEMICAL EXAMINATION OF A SAMPLE OF WATER.

3.

Chemical results in parts per million.

Appearance: Clear and bright.

Colour: 3.

pH. 7.1

Chlorine present as Chloride. 62.

Electric Conductivity. 825.

Chlorine present as Chloride. 62.

Hardness: Total. 375.
Carbonate. 290.
Non-Carbonate. 85.

Nitrate Nitrogen. 3.4

Ammoniacal Nitrogen* 0.030.
Albuminoid Nitrogen* 0.036.

Turbidity. Nil.

Free Carbon Dioxide. 33.

Odour. Nil.

Alkalinity as Calcium Carbonate. 290.

Total Solids. 550.

Oxygen absorbed. 0.50.

Nitrite Nitrogen. Less than 0.01.

Metals: - Copper 0.16.
Other metals absent.

Residual Chlorine. Nil.

* To convert to ammonia multiply by 1.21.

This is a sample which is clear and bright in appearance, and free from metals apart from a minute trace of copper. This trace of copper doubtless derives from pipework of this metal or similar fittings. The water is neutral in reaction, very hard in character though not excessively so and it contains no excess of salinity or mineral constituents in solution. It is of satisfactory organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for drinking and domestic purposes.